8. The appearance of myelitis depends in the first place upon the rapidity of the extension of the process.

9. The myelitis is always preceded by œdema of the cord.

10. The recovery of those cases of vertebral caries in which the spinal cord had been involved may be accounted for by the retrogression of the œdema. (Centralbl. f. klin. Med., No. 7, 1891.) W. M. L.

THE OBSTETRICAL FORCEPS AS A CAUSE OF IDIOCY.

The "Centralblatt f. Nervenheilk." reports the investigations of Winkler and Ballen on this subject, an account of which appears in the last issue of the "American Journal of Insanity." They were of the opinion that the use of the forceps in delivery was a more frequent cause of idiocy than was commonly supposed. In a post-mortem examination of an idiot, sixty years of age, who had been delivered with forceps, a depression of both parietal bones, corresponding to cerebral lesions, was found. Out of ten subsequent autopsies of idiots one similar condition was found to exist, and out of twenty-five living idiots six were found to have depressions of the skull. B. M.

ERB ON PROGRESSIVE MUSCULAR DYSTROPHY.

(Sammlung Klin. Vorträge, N. F., No. 2.) The position of the writer as to this question, which is now generally recognized, is presented in a manner as clear and convincing as it is attractive. In contrast with the spinal form of progressive muscular atrophy, E. in former years described the juvenile form, in which he included both the so-called pseudo-hypertrophy and the hereditary form of Leyden. The type described by French writers as "Duchenne's infantile muscular atrophy" also belongs to the juvenile form (the disease beginning in the face). Subsequently Erb classified all of these forms under the general name of "Dystrophia Muscularis Progressiva." The following conditions favor their correlation and clinical identity: The similarity of the symptoms; the development and localization of the atrophy and hypertrophy of the muscles; their behavior on inspection and palpation, and upon mechanical and electrical examination; and, further, the transition forms between the several types, as well as the irregular forms.

The fact that one form passes into the other he considers as a further proof of their sameness. The appearance of the various types in the same family is also in support of this view. The description of the symptoms of the disease follows, of which we shall only mention that the trunk and the extremities are especially affected; that the disease usually begins in early childhood or at the age of puberty; that there is a change in the consistency of the muscles upon palpation; that the mechanical, faradic and galvanic excitability is diminished; that no reaction of degeneration exists; and, finally, that fibrillary contractions are almost always absent.

As to the *differential diagnosis*—the dystrophy is distinguished from spinal progressive muscular atrophy by the fact that later in life, without known heredity, the latter extends to the trunk from the distal ends of the extremities, at first only from the upper extremities; that true or false hypertrophy never occurs: that fibrillary contractions and degenerative reactions are always present when the disease is well advanced; and by its frequent combination with chronic progressive bulbar paralysis. The dystrophy may be easily differentiated from syringomyelia, chronic multiple neuritis and progressive neurotic atrophy (Hoffmann). In treating of the pathological anatomy, he points out that the condition of the muscles in the various forms of dystrophy are almost completely identical in all essential points, and that the seeming dissimilarity is due only to the quantitative differences in the several histological changes, and to their varying combinations in different stages, muscles and individuals. Despite the fact that in cases of dystrophy the nervous system has as a rule been found normal, he cannot help suspecting that perhaps a neurotic origin of the disease is to be assumed, in which a coarse change in the trophic centres themselves would not be discoverable microscopically. In this manner nearer conditions of relationship between dystrophy and spinal amyotrophy would nevertheless appear. After briefly touching upon the etiology, course, prognosis and therapy, he concludes by again emphasizing the clinical unityofmuscular dystrophy,but recommends that we differentiate three subdivisions of the same—the hypertrophic, the juvenile and the infantile forms. A commendable feature of the lecture is the insertion of typical clinical pictures of the several forms of dystrophy, with illustrations. (Centralbl. f. klin. Med., No. 7, 1891.)

W. M. L.